

FOR DEPARTMENT USE ONLY
 ACCOUNT NUMBER: _____
 LICENSE NUMBER: _____

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY
FEE \$10.00
YEAR ENDING: JUNE 30, _____

APPLICATION FOR SPECIAL FUEL SUPPLIER LICENSE

Please check the appropriate box: New application Renewal application

PLEASE NOTE: ALL QUESTIONS MUST BE ANSWERED AND NECESSARY ADDITIONAL DOCUMENTATION ATTACHED TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Legal name of applicant: _____

2. Trade name, if different from legal name: _____

3. Primary physical business location address (Not P.O. Box):
 Street: _____ City: _____ State: _____ Zip Code: _____

4. Mailing address (if different from business location):
 Street or P. O. Box: _____ City: _____ State: _____ Zip Code: _____

5. Location of records (if different from business location):
 Street: _____ City: _____ State: _____ Zip Code: _____

6. Federal employer identification number or individual proprietor's SSN: _____

7. Telephone number: - - Fax number: - -

8. If we have questions regarding this application, who should we contact?
 Name: _____ Telephone number: - -

9. Business type: (check one) Individual Corporation General Partnership Limited Partnership
 Limited Liability Company S Corporation

10. If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

11. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

<u>Name/Title</u>	<u>Address</u>	<u>Social Security #</u>
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

12. Has the applicant ever applied for a Delaware Special Fuel Supplier license in the past?

Yes No If yes, please specify which calendar year: _____

13. Has the applicant's individual partners or corporate officers ever applied for a Delaware Special Fuel Supplier license in the past?

Yes No N/A If yes, under what name: _____
Please specify which calendar year: _____

14. Does the applicant operate only in Delaware?

Yes No

Date business started in Delaware:

MONTH DAY YEAR

15. List below each bulk storage location where special fuel is maintained that is owned and/or leased by the applicant within Delaware. In addition, please check the box which applies to how the special fuel is used and/or sold for each tank.

<u>PHYSICAL LOCATION OF BULK STORAGE (STREET ADDRESS, CITY)</u>	<u>FUEL TYPE</u>	<u>TOTAL GALLON CAPACITY</u>	<u>STORAGE TANK DISTRIBUTION</u>	
			<u>TAXABLE USE/SALES</u>	<u>NON TAXABLE USE/SALES</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

16. What type of fuel business does the applicant operate in Delaware? Check all that apply:

	<u>CLEAR DIESEL</u>	<u>DYED DIESEL</u>	<u>CLEAR KERO</u>	<u>DYED KERO</u>	<u>JET FUEL</u>	<u>LP GAS</u>	<u>CN GAS</u>	<u>OTHER</u>
Refinery/Manufacturing	<input type="checkbox"/>							
Terminal rack sales	<input type="checkbox"/>							
Tank wagon sales to residential & commercial accts.	<input type="checkbox"/>							
Transport sales to residential & commercial accts.	<input type="checkbox"/>							
Company owned retail service stations	<input type="checkbox"/>							
Sales to commissioned/commissionment retail stations	<input type="checkbox"/>							
Exchange agreement transactions	<input type="checkbox"/>							
Other: _____	<input type="checkbox"/>							

17. Will the applicant be importing special fuel into Delaware? Yes No

If yes, will the applicant be hiring a common carrier to import the product? Yes No

If yes, please list the name, federal identification number, and telephone number of the common carrier:

<u>Carrier Name</u>	<u>FEI Number</u>	<u>Telephone Number</u>
_____	_____	□□□-□□□-□□□□
_____	_____	□□□-□□□-□□□□
_____	_____	□□□-□□□-□□□□

18. List each state from which the applicant will import special fuel into Delaware, & the applicant's license number in that state:

<u>State Name</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

19. List the states to which the applicant will export special fuel from Delaware supply points, & the applicant's license number in that state:

<u>State Name</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

20. Provide the following information about suppliers & exchange partners, which affect Delaware, from whom the applicant purchases special fuel. Attach another page if more space is required:

<u>Company Name</u>	<u>Shipping Point</u>	<u>Type of Fuel Purchased</u>	<u>Type of Relationship</u>	
			<u>Supplier</u>	<u>Exchange Partner</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

21. Indicate the number of retail service stations operated by the applicant in Delaware _____

22. Estimate the number of retail service stations the applicant supplies in Delaware _____

23. Does the applicant transport special fuel for hire in Delaware? Yes No

24. Please indicate the number of diesel powered off highway equipment the applicant operates in Delaware. _____

25. Estimate the number of gallons of taxable special fuel that will be sold or used by the applicant during **an average month:**

	Taxable Special Fuel
Average Gallons Per Month - Sales	_____
Average Gallons Per Month - Use	_____
Average Total Gallons - Sales & Use	_____

26. Please record the date that the applicant began using and/or selling taxable special fuel in Delaware: _____

27. Does this application involve a change in the company's legal name or federal identification number? Yes No
If yes, list the previous name and number.
Company name _____
Federal employer identification number or social security number: _____

28. Does the application involve the takeover and continuation of another business? Yes No
If yes, list the following:
Company name _____
Federal employer identification number or social security number: _____

29. Have all persons responsible for reportable fuel activity read the Motor Fuel & Special Fuel Tax Law (Chap. 51, Title 30, DE. Code)? In addition, have all persons responsible for reportable fuel activity read the Delaware Policy Directive regarding the "Taxation of Low Sulfur Clear Diesel"? Do these persons understand these provisions? Yes No

30. Have any individuals identified in Item 11 of this application ever been convicted of a felony? Yes No
Please provide copies of the criminal history records that detail the nature of the felony and the current status of any related sentencing provision. Please note that a "Yes" response to this question will not necessarily disqualify the applicant.

Before signing, please read the following statement carefully: Any false or substantive omission of information may be cause for rejection of application, or revocation of license (if license approval has been granted).

I (we), certify under penalty provided by law, that the statements made and the information furnished in this application are true, correct, and complete to the best of my knowledge and belief.

Authorized Name (Please Print)

Authorized Signature

Authorized Individual Title

Date of Application